

Headquarters U.S. Air Force

Integrity - Service - Excellence

**New Coding as
of**

?? 16 Oct 03



September 2003 Regional Coding
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22 Sept 2003

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Objectives

- Examine Industry Based Workload Alignment (IBWA), which professional services need to be collected and how the data will be used
 - Inpatient Rounds
- Explain coding obstetrical care using Current Procedural Terminology obstetrical codes
- Examine new data elements for HIPAA compliance of 837 billing
- Recognize items that need to be updated on super bills



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Industry Based Workload Alignment (IBWA) - General

- Past: Inpatient and Outpatient
- Present: Institutional and Professional

- Past: Not able to collect quantities or modifiers for professional services
- Present: Able to collect quantities and SOME modifiers, but not “visible” to HQ or TMA
- Soon: (maybe 1 Oct 03?) able to use all modifiers
–UPDATE as of 15 Sep 03 – it was not a table issue but hard coding in ADM – probably not for a few months – will let you know
- Future: 1 Oct 04, able to “see” at HQ and TMA



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IBWA - Billing

- Past: Flat rate billing for ALL services (institutional, professional, ambulance, anesthesia, ancillary)
- Present:
 - Itemized billing for most professional outpatient and ancillary services;
 - Flat rate bill for SOME professional outpatient services (e.g., ambulance, anesthesia);
 - Flat rate bill for ALL professional and institutional **inpatient** services
- Future: Itemized billing for most professional and institutional services



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IBWA - Professional Services, *Inpatient*

- Present: Collect **institutional inpatient** services using ICD-9-CM diagnoses and procedures to generate Diagnosis Related Groups (DRGs)
- Present: Do **not collect professional inpatient services** (e.g., services furnished by privileged providers such as anesthesiologists, anesthesiologists, physicians, surgeons)
- Soon: Collect most attending, assistant at surgery, co-surgeon, team surgeon, anesthesiologist and anesthesiologist. Match the additional provider to the procedure (e.g., anesthesia administration)



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Hint, Hint, Hint - there will be billing training prior, but now that it has slipped, who knows when

HIPAA Compliance of 837 Claims Processing

Electronic Billing of Third Party
Insurance Claims

Draft

15 August 2003

ACFederal Health Care



HIPAA Compliance 837

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- Find out when it will be offered at your site
- Attend it
- Be sure to ask questions until you understand it
- Be sure your data entry people attend and understand (if your providers code – make sure they know before you run the upgrade – do not surprise them like last year)
- Update your data collection devices (e.g., super bills to collect the extra data) – will cover later in this briefing
- These are DRAFT slides – get your hands on the actual slides if you need them for teaching

ADM Patient Encounter

ANT,ADAM

20/301-37-4658

AGE:51y

Appt Date/Time : 28 Jun 2002@1600 Type: ROUT Status: KEPT

Clinic: GENERAL SURGERY SAME DAY SURGERY MEPRS : BBA5

In/Outpatient: Outpatient APV: Yes Work Related: No

Appt Provider: BUNNY,EASTER

Injury Date :

2nd Provider #1: CLAUS,SANTA

Role: ASSISTING

2nd Provider #2:

Role:

Disposition: RELEASED W/ WORK DUTY LIMITATIONS

This is the current
screen - the next
slide is possibly
how the data
collection screen
will appear. Look
at the provider
information.

=====
=====
ICD-9 Dx Description Priority

+ 401.0	MALIGNANT HYPERTENSION	3
305.1	TOBACCO USE DISORDER	U
250.60	DIABETES W NEULOL MANIF UNSPEC	4
278.01	MORBID OBESITY	2

Chief Complaint: 540.9 ACUTE APPENDICITIS NOS



ADM Screen-Provider Information

ADM Patient Encounter		
SMART,MAXWELL	30/202-76-7434	AGE: 43Y
Appt Date/Time: 01 Aug 2003@1135	Type: APV	Status: KEPT
Clinic: APU CLARK CENTER		MEPRS: BBA5
In/Outpatient: Outpatient	APV: YES	Injury Related: No
Appt Provider: ABREAU,TYLER		Pregnancy Related: No
Appt HCP Role: 1 ATTENDING		
Additional Providers: No		
Disposition: RELEASED W/O LIMITATIONS		
ICD-9	Dx Description	
Appt Provider: field cannot be changed in the ADM screens		
Chief Complaint:		
Help = HELP	Exit = F10	File/Exit = DO INSERT OFF



ADM Screen-Provider Information

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ADM Patient Encounter		
SMART,MAXWELL	30/202-76-7434	AGE: 43Y
Appt Date/Time: 01 Aug 2003@1135	Type: APV	Status: MEPT
Clinic: APU CLARK CENTER		
In/Outpatient: Outpatient	APV: YES	Injury Rel:
Appt Provider: ABREAU, TYLER		Pregnancy Rel:
Appt HCP Role: 1 ATTENDING		
Additional Providers: No		
Disposition: RELEASED		
ICD-9	PICKLIST Options for Appt HCP Role:	
	1-ATTENDING	
	2-ASSISTING	
	3-SUPERVISING	
	4-NURSE	
	5-PARA-PROFESSIONAL	
	6-OPERATING PROVIDER #1	
	7 - Co-surgeon	
	8 - Anesthesia	
Chief		
Help = HELP	Exit =	Exit = DO INSERT OFF

Note:

Role #6-
'OPERATING
PROVIDER
#1'

will only appear
if APV field
is YES

The Appt HCP Role
defaults
to "ATTENDING"

Appt HCP Role-can be changed to
a Role identified on the PICKLIST
for that field



ADM Screen-Provider Information

ADM Patient Encounter		
SMART,MAXWELL	30/202-76-7434	AGE: 43Y
Appt Date/Time: 01 Aug 2003@1135	Type: APV	Status: KEPT
Clinic: APU CLARK CENTER		MEPRS: BBA5
In/Outpatient: Outpatient	APV: YES	Injury Related: No
Appt Provider: ABREAU,TYLER		Pregnancy Related: No
Appt HCP Role: 1 ATTENDING		
Additional Providers: YES		
Disposition: RELEASED W/O LIMITATIONS		
ICD-9	Dx Description	Priority
<i>Additional Providers associated with the encounter are documented by entering 'YES'</i> <i>-----</i> <i>This will take you to a background screen for data entry of the Additional Provider Information</i>		
Chief Complaint:		
Help = HELP	Exit = F10	File/Exit = DO INSERT OFF



ADM Screen-Provider Information

ADM Patient Encounter

SMART,MAXWELL 30/202-76-7434 AGE: 43Y

Appt Date/Time: 01 Aug 2003@1135 Type:APV Status: KEPT
Clinic: APU CLARK CENTER MEPRS: BBA5

Additional Providers

Order	Role
1	ATTENDING
2	ASSISTING
3	OPERATING PROVIDER #1

ABREAU,TYLER
SMITH, JOSEPH A
MARTIN, JEROME P

Note: The Appt Provider will appear with the additional providers.
The Appt Provider will always be Order #1, regardless of Role.
Operating provider will only appear when dealing with APV/APU.

Chief Complaint:

Based on this note - do not have a clue how it will appear for inpatient surgeries?? If you find out, let me know

Help = HELP Exit = F10 File/Exit = DO



As of:



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Inpatient Rounds - Still looking at needing to do

NLT 31 Dec 03

- **“RNDS” appointment automatically generated upon admission for admission day, and then every new day, at the census hour for the ATTENDING**
 - If a **surgical package**, remember rounds are included in the surgery code
 - For surgeries with 90 day post surgical care, it also includes 1 day pre-op
 - If patient admitted and surgery that day or the next, will have an E&M of 99499 for day of surgery, and procedure of the surgical code
 - For uncomplicated stays, the “RNDS” appointments will have to be cancelled



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Inpatient Rounds

- **“RNDS” appointment automatically generated upon admission for admission day, and then every new day, at the census hour for the ATTENDING**
 - For medical admissions – need to stress **DOCUMENTATION**
 - Only one round for the attending’s service for the day (combine all documentation from all providers in same service as attending)
 - If attending does not round, change appointment provider to last provider in attending’s service to round (anticipate if multiple rounds, there was some kind of problem that caused the additional rounds so the last individual probably did the most)
 - If no documentation for day, cancel ADM appointment



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Look out for new Coding Guidelines

- Guidelines updated at 9-11 Sep 03 UBU
- IBWA guidelines (for inpatient professional services) are posted on the TMA web site
- Guidelines may be different for services
 - Air Force feels new guidelines somewhat limited, working on AF supplement that will be incorporated in to the DoD Guidelines – will have more examples to standardize data collection
 - Hope for publication prior to 1 Oct 2003



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Look Out for MEPRS Guidance - these are just guesses

- Need MEPRS code for inpatient professional services in civilian hospitals – will probably be in the “F” MEPRS
- Need MEPRS guidance on tele-health coding
 - Code interactive as if person was there
 - Presenter codes in presenter MEPRS (e.g., BGA for Family Practice)
 - Consultant (almost always consult codes as it is really difficult to do much treatment over a VTC) codes in consultant’s clinic (e.g., BAL for Dermatology)
 - Where do “Store and Forward” get coded
 - In the “B” MEPRS can’t separate tele-health from normal
 - In the “F” MEPRS – aid to other federal MTFs? But need a separate for each specialty or can’t tell derm from ortho



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Obstetrical care - draft only, still working

- Services include history, exam (weight, blood pressure, fetal health, urinalysis) pertinent to health of mother and fetus, decision making
- Initially code each encounter with E&M of 99499 and applicable diagnoses. Also code procedures not included in routine OB management.
- After delivery (or when mother requests records be sent to another practice), go back and code:
 - 1-3 total visits – re-code applicable E&M for each
 - 4-6 total visits – re-code last encounter with 59425
 - 7 and more total visits – re-code last encounter with 59426
 - Postpartum care only – code with 59430
- Code delivery separately as it will be in the “A” MEPRS code



ADM Screen-Pregnancy Related - new screens will probably be prior to 30 Nov 03

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ADM Patient Encounter

Ninety-Nine, Agent

20/847-66-2379

AGE: 33Y

Appt Date/Time: 01 Aug 2003@1135 Type: ROUT:

Status: WALK-IN

Clinic: CLARK CENTER

MEPRS: BGAA

In/Outpatient: Outpatient

APV: No

Injury Related: No

Appt Provider: ABREAU, TYLER

Pregnancy Related: No

Appt HCP Role: 1 ATTENDING

Additional Providers: No

Disposition: RELEASED W/O LIMITATIONS

ICD-9

Dx Description

*User is unable to access the
PREGNACY RELATED field
at this prompt to
respond with a YES.*

**Entering a
Pregnancy Related
ICD-9 or CPT Code
will populate the
Pregnancy Related field with YES
and additional actions/information
will be requested from the User.**

Chief

Help = HELP

File/Exit = DO

- ▲ **V22.2 - pregnancy incidental - used in many clinics. This was identified and we will see what happens.**

V24 Postpartum - not sure about these

ADM Pregnancy Related Field

Pregnancy Related ICD-9 Codes

V22.2 - V23.99

630 & 631, 633 - 633.99

640 - 665.99

668 - 671.99

673 - 674.99

Pregnancy Related CPT Codes

59000 - 59426

59510 - 59622

59898 - 59899

*If the information applies -
It needs to be completed -
To allow electronic billing-
And improve patient encounter
documentation*



ADM Screen-Pregnancy Related

U.S. AIR FORCE

ADM Patient Encounter

Ninety-Nine, Agent

20/847-66-2379

AGE: 33Y

Appt Date/Time: 01 Aug 2003@1135 Type: ROUT:

Status: WALK-IN

Clinic: CLARK CENTER

MEPRS: BGAA

In/Outpatient: Outpatient

APV: No

Injury Related: No

Appt Provider: ABREAU, TYLER

Pregnancy Related: YES

Appt HCP Role: 1 ATTENDING

Additional Providers: No

Disposition: RELEASED W/O LIMITATIONS

ICD-9

Dx Description

Priority

630

HYDATIDIFORM MOLE

1

Enter a Valid Pregnancy
ICD-9 Code

The PREGNACY RELATED field
will automatically change to
YES.

Chief Complaint:

Help = HELP

Exit = F10

File/Exit = DO

INSERT OFF



ADM Screen-Pregnancy Related Get LMP and EDC on super bill if using them

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ADM Patient Encounter

Ninety-Nine, Agent

20/847-66-2379

AGE: 33Y

Appt Date/Time: 01 Aug 2003@1135 Type: ROUT:
Clinic: CLARK CENTER

Status: WALK-IN
MEPRS: BGAA

=====

Last Menstrual Period:	29 Jul 2003	DATE MUST BE IN PAST
Estimated Date of Birth:	05 May 2004	DATE MUST BE IN FUTURE

=====

Pregnancy related data is tracked only when using the following codes:

ICD: V22.2-V23.99, 630,631,6333-633.99, 640-665-99, 668-671.99, 673-674.99

CPT: 59000-59426, 59510-59622, 59898-59899

Help = HELP

Exit = F10

File/Exit = DO INSERT OFF



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Obstetrical care

- **Check out coding guidelines on instructions for coding**
 - **Multiple pregnancy care**
 - **Treatment of unrelated issue at same encounter as routine OB care**
 - **Complications**



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Professional Services in Civilian Hospital

- **Resource Sharing Agreement**
 - **Must notify TRICARE office (or other office designated by your MTF) when your beneficiaries are admitted (just like other insurance plans)**
 - **Must give access to provider notes in inpatient record for our (both your MTF auditor and central audits) auditors**
 - **Must send discharge summary to MTF for inclusion in outpatient record**
 - **Must send operative reports for surgeries done by MTF providers for inclusion in outpatient record**



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Other New Data Elements for HIPAA 837

- **Injury related**
- **Weight (if the two examples are the only use, not to worry about this one)**
- **Prior encounter in past 6 months for Physical Therapy, Occupational Therapy or Diabetic Foot Check with loss of protective sensation**



ADM Screen-Injury Related

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ADM Patient Encounter

SMART,MAXWELL

30/202-76-7434

AGE: 43Y

Appt Date/Time: 01 Aug 2003@1135 Type: ROUT:

Status: WALK-IN

Clinic: CLARK CENTER

MEPRS: BGAA

In/Outpatient: Outpatient

APV: No

Injury Related: YES

Appt Provider: ABREAU,TYLER

Pregnancy Related: No

Appt HCP Role: 1 ATTENDING

Additional Providers: No

Disposition: RELEASED W/O LIMITATIONS

ICD-9

Dx Description

813.83

**Entering a Valid Injury ICD-9 Code of
E800-E999, V71.4, 388.11, 388.12, 692.71 or 780.79**

**Will automatically populate the
Injury Related Field with a YES
and additional actions/information
will be requested from the User.**

*Responding with
YES
to Injury Related Field
Results in additional
actions/information
being requested
from the User.*

Chief C

Help = HELP

Exit = F10

File/Exit = DO **INSERT OFF**



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ADM Screen-Injury Related

ADM Patient Encounter

SMART,MAXWELL

30/202-76-7434

AGE: 43Y

Appt Date/Time: 01 Aug 2003@1135 Type: ROUT:

Status: WALK-IN

Clinic: CLARK CENTER

MEPRS: BGAA

=====

Injury Cause Code:

Date of Accident:

Geographic Location:

NEW FIELDS FOR INJURY RELATED INFORMATION
Geographic location (state) - collected only for auto

Valid Injury ICD9 Codes are:

**E800-E999, V71.4, 388.11, 388.12,
692.71 and 780.79**

**DISPLAY OF
REFERNECE
MATERIAL
ICD-9 CODES**

Help = HELP

Exit = F10

File/Exit = DO



ADM Screen-Injury Related

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ADM Patient Encounter

SMART,MAXWELL

30/202-76-7434

AGE: 43Y

Appt Date/Time: 01 Aug 2003@1135 Type: ROUT:
Clinic: CLARK CENTER

Status: WALK-IN
MEPRS: BGAA

Injury Cause Code: ??

AA	Auto Accident
AP	Another Party Responsible
EM	Employment
OA	Other Accident

-Make choice = SELECT-----Exit = F10-----

E800-E999, V71.4, 388.11, 388.12, 692.71
and 780.79

Help = HELP

Exit = F10

File/Exit = DO INSERT OFF



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ADM Screen-Injury Related

ADM Patient Encounter

SMART,MAXWELL

30/202-76-7434

AGE: 43Y

Appt Date/Time: 01 Aug 2003@1135 Type: ROUT:
Clinic: CLARK CENTER

Status: WALK-IN
MEPRS: BGAA

=====

Injury Cause Code: Auto Accident

Date of Accident: 31 July 2003

Geographic Location:

***MUST BE CURRENT DATE
OR
DATE IN THE PAST
CANNOT BE A
FUTURE DATE!!***

Valid Injury ICD9 Codes are:

**E800-E999, V71.4, 388.11, 388.12,
692.71 and 780.79**

Help = HELP

Exit = F10

File/Exit = DO INSERT OFF



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ADM Screen-Injury Related

ADM Patient Encounter

SMART,MAXWELL

30/202-76-7434

AGE: 43Y

Appt Date/Time: 01 Aug 2003@1135 Type: ROUT:
Clinic: CLARK CENTER

Status: WALK-IN
MEPRS: BGAA

=====

Injury Cause Code: Auto Accident

Date of Accident: 31 July 2003

Geographic Location: ? ←

Geographic Location is **REQUIRED**
-when an Auto Accident is identified in the
Injury Cause Code Field.
It is **OPTIONAL** when using other Injury
Cause Codes.

Valid Injury ICD9 Codes are:

**E800-E999, V71.4, 388.11, 388.12,
692.71 and 780.79**

The Geographic Location will default to the
Location identified for the DMIS ID of the
Division.

Help = HELP

Exit = F10

File/Exit = DO INSERT OFF



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ADM Screen-Injury Related

ADM Patient Encounter

SMART,MAXWELL

30/202-76-7434

AGE: 43Y

Appt Date/Time: 01 Aug 2003@1135 Type: ROUT:
Clinic: CLARK CENTER

Status: WALK-IN
MEPRS: BGAA

Injury Cause Code: Auto Accident

Date of Accident: 31 July 2003

Geographic Location: ?

Geographic Location can be
entered as:

**STATE~2 ALPHA
CHARACTERS**

AL - ALABAMA
CA - CALIFORNIA
FL - FLORIDA
GA - GEORGIA
MA - MASSACHUSETTS
ME - MAINE
MI - MICHIGAN
MN - MINNESOTA
MO - MISSOURI
MT - MONTANA
MS - MISSISSIPPI

ETC...

Help = HELP

COUNTRY~"/ALPHA CHARACTER SHIP LOCATION~ '-' ALPHA CHARACTER
(Gives Pick List) (Gives Pick List)

/G

(Picklist of all countries beginning with G)

GE - GEORGIA
GM - GERMANY

ETC...

Exit = F10

-R

(Picklist of all SHIPS beginning with R)

* Need screen info from testers to show
exact display

File/Exit = DO **INSERT OFF**



ADM Screen-Injury Related

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ADM Patient Encounter

SMART,MAXWELL

30/202-76-7434

AGE: 43Y

Appt Date/Time: 01 Aug 2003@1135 Type: ROUT:
Clinic: CLARK CENTER

Status: WALK-IN
MEPRS: BGAA

=====

Injury Cause Code: Auto Accident

Date of Accident: 31 July 2003

Geographic Location: **VA VIRGINIA**

Valid Injury ICD9 Codes are:

**E800-E999, V71.4, 388.11, 388.12,
692.71 and 780.79**

Help = HELP

Exit = F10

File/Exit = DO INSERT OFF



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Injury Related

- **Let your Chiropractors and Physical Therapy Know!**
- **Glance over their diagnosis coding.**
- **For instance; “subluxation - see also dislocation by site; dislocation, vertebra (all in the 830s) indicating an injury. As with any specialty, make sure the provider understands what will be coded when poor documentation leads to something like this.**
- **Physical Therapy - consider the “aftercare” codes**



ADM Screen-Patient Weight

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ADM Patient Encounter

Chief, The

01/847-24-4261

AGE: 54y

Appt Date/Time: 01 Aug 2003@1135 Type: ROUT: Status: KEPT
Clinic: CLARK CENTER MEPRS: BGAA
In/Outpatient: Outpatient APV: No Injury Related: No
Appt Provider: ABREAU, TYLER Pregnancy Related: No
Appt HCP Role: 1 ATTENDING
Additional Providers: No

Disposition: RELEASED W/O LIMIT When entering CPT codes of

82668 (Assay of Erythropoietin)

or

99554 (Home Infus, Hormone/Platelet)

CPT/HCPCS Description

Units

82668

Erythropoietin

the user will be provided an additional screen
to input information regarding
the patient's weight

**OBVIOUSLY, NOT A COMMON
OCCURRENCE**

The clinic defined list will appear if no CPT codes are entered.

Help = HELP

Exit = F10

File/Exit = DO



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ADM Screen-Weight

ADM Patient Encounter

Chief, The

01/847-24-4261

AGE: 54y

PRE PROCEDURE WEIGHT:

PRE WEIGHT QUALIFIER:

POST PROCEDURE WEIGHT:

POST WEIGHT QUALIFIER:

Choose from: lbs, pounds, kg, kilograms

**NEW FIELDS FOR
WEIGHT QUALIFIER**

**HELP TEXT FOR
ENTERING
APPROPRIATE
WEIGHT
QUALIFIER
DATA**

Entries
can be made in
Pounds or
Kilograms.

ADM will
maintain this
information as
entered by user.

CHCS will
convert all
weights to
pounds before
transmitting this
data.

INSERT OFF

Help = HELP

Exit = F10

File/Exit = DO



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ADM Screen- CPT codes-PT & OT & Diabetic Foot Check

ADM Patient Encounter

Chief, The

01/847-24-4261

AGE: 54y

Appt Date/Time: 01 Aug 2003@1135 Type: ROUT:

Status: KEPT

Clinic: PHYSICAL THERAPY

MEPRS: XXXX

In/Outpatient: Outpatient

APV: No

Injury Related: No

Appt Provider: WALKER, CARRIE

Pregnancy Related: No

Appt HCP Role: 1 ATTENDING

Additional Providers: No

Disposition: RELEASED

CPT

97001

When entering **Physical Therapy**
or Occupational Therapy

CPT codes in the **RANGE OF 97001 through 97799**

or

Diabetic Foot Check Codes: G0246 or GG0247

CHCS will search all previous encounters for the patient
within the past 6 months
to determine the last time the identical code was used.

Help = HELP

Exit = F10

INSERT OFF



ADM Screen-PT & OT & Diabetic Foot Check

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CPT Codes & Referring/Consulting Provider

ADM Patient Encounter

HUDSON, EDWARD J

30/789-89-9910

AGE: 54y

Appt Date/Time: 01 Aug 2003@1135 Type: ROUT: Status: KEPT

Clinic: PHYSICAL THERAPY

MEPRS: XXXX

In/Outpatient: Outpatient

Related: No

Appt Provider: WALKER

Ref: No

Appt HCP Role: 1 **Physical Therapy or Occupational Therapy**

Additional Procedure CPT codes in the **RANGE OF 97001 through 97799**

Disposition or **Diabetic Foot Check Codes: G0246 or GG0247**

CPT

CHCS will populate the

Date Last Seen with the **appointment date/time of the last encounter,**
97001

capturing the patient's

Consulting/Referring Provider associated with the appointment,

and include the

Date Last Seen

by a **PT, OT or Physician Service for routine foot care**

data, in the files sent to TPOCS,

so the services can be billed.

Help = HELP

Exit

DO ☐ INSERT OFF



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Items to Update on Super Bills

- On OB super bills, include date of last menstrual period and estimated date of birth
- On Ortho and ER super bills, include
 - Injury cause codes (AA – auto accident; AP – another party; EM – employment, OA – other accident) There may be more, may be a priority, may be able to enter multiple – still checking
 - Date of accident
 - Geographic location (enter state abbreviation)
- Make sure you have updated super bills with ALL applicable modifiers, column for quantity, and column to match the diagnosis to the procedure



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On front have name of clinic, provider name, referring provider name, date of encounter, patient name, disposition and diagnoses (with area to annotate 1, 2, 3, or 4)

Disposition	(one, mandatory)	w/o limit	w/limit	Qtrs/Home	Immed Ref	Left AMA	Adm	EXP		
DIAGNOSES (ICD-9-CM) (1-add'l dx; 2-add'l dx; 3-add'l dx; 4-add'l dx; U-unconfirmed)										
Diagnosis Description	Code	#	Diagnosis Description	Code	#	Diagnosis Description	Code	#	dx	
Abrasion, NEC	919.0		Fibroma, eyelid	216.1		Nevus, arm	216.6			
Abrasion, NEC-infected	919.1		Fibroma, face NEC	216.3		Nevus, ear	216.2			
Abscess/Cellulitis	682.9		Fibroma, arm	216.6		Nevus, eyelid	216.1			
Acne	706.1		Fibroma, ear	216.2		Nevus, face NEC	216.3			
Actinic Damage	692.79		Fibroma, leg	216.7		Nevus, leg	216.7			
Actinic Keratois	702.0		Fibroma, scalp/neck	216.4		Nevus, lip	216.0			
Allergic Reaction	995.3		Fibroma, skin NEC	216.8		Nevus, scalp/neck	216.4			
Alopecia	704.00		Fibroma, skin NOS	216.9		Nevus, skin NEC	216.8			
Alopecia Areata	704.01		Fibroma, trunk	216.5		Nevus, skin NOS	216.9			
Angioma	448.1		Folliculitis	704.8		Nevus, trunk	216.5			
Bites, insect	919.4		Foreign body granuloma, skin/SubQ	709.4		Onychomycosis	110.1			
Bites, insect-infected	919.5		Foreign body, superficial	919.6		Parapsoriasis	696.2			
Blister, NEC	919.2		Furuncle	680.9		Paronychia	681.02			
Blister, NEC-infected	919.3		Granuloma Annulare	695.89		Pemph, bn mucous membr	694.60			
CA in situ arm	232.6		Hemangioma	228.0		Pemphigoid, bullous	694.5			
CA in situ face NEC	232.3		Herpes simplex	054.9		Pemphigus	694.4			

Sample Dermatology Super Bill. See next screen to open embedded excel file.



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On back have E&M and Procedures. Be sure to have space to match to diagnosis (1, 2, 3 or 4), the quantity, and a modifier. Be sure to list E&M and Procedure modifiers on the sheet.

E&M Office Visit					E&M Office Visit					E&M MODIFIERS				
code	dx	qty	mod		code	dx	qty	mod						
Procedures only, no E&M	99499				Est, comprehensive	99215				Prolonged E&M service	-21			
New, problem focused	99201				Simple/ brief t-con	99371				Unrelated E&M service by physici	-24			
New, expanded problem	99202				Intermediate t-con	99372				Separate E&M same day&phy	-25			
New, min detailed	99203				Complex t-con	99373				Multiple outpt E&M enc/same day	-27			
New, w/mod complex	99204				Consult 30 min	99242				Mandated services	-32			
Est, problem focused	99212				Consult 40 min detailed	99243				Electronic - Store & Forward	-GQ			
Est, expanded problem	99213				Inpt consult, 20 min	99251				Electronic - Interactive	-GT			
Est, detailed	99214				Inpt consult, 40 min	99252								
CPT Procedures					CPT Procedures					CPT Procedures				
code	dx	qty	mod		code	dx	qty	mod		code	dx	qty	mod	
Procedures					Surgical Excision-Benign					Surgical Removal - Shave,single lesion				
Dermabrasion;total face	15780				-Face/ears/eyelid/nose/lip/mucosa					-Trunk/arms/legs				
Dermabrasion;segmental,face	15781				--excised diameter <0.5cm	11440				--excised diameter <0.5cm	11300			
Dermabrasion;regional,not fac	15782				--0.6cmto 1.0cm	11441				--0.6cmto 1.0cm	11301			
Dermabrasion;superficial	15783				--1.1cmto 2.0cm	11442				--1.1cmto 2.0cm	11302			
Removal,tattoo(dermabrasion)	15783				--2.1cmto 3.0cm	11443				-->2.1cm	11303			
Abrasion;1 lesion	15786				--3.1cmto 4.0cm	11444				-Scalp/neck/hands/feet/genitalia				
Abrasion;each addl(use w/15	15787+				-- >4.0cm	11446				--excised diameter <0.5cm	11305			
Chemical peel,facial;epidermal	15788				-Scalp/neck/hands/feet/genitalia					--0.6cmto 1.0cm	11306			

This is an embedded excel spread sheet with the entire draft dermatology super bill. Double click on the super bill and the excel spread sheet will appear. Copy it to a separate file. Have your provider review it prior to using it. Finished it at 23:30, found and fixed some errors yesterday, am sure there are more...



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Objectives

- Examine Industry Based Workload Alignment (IBWA), which professional services need to be collected and how the data will be used
 - Inpatient Rounds
- Explain coding obstetrical care using Current Procedural Terminology obstetrical codes
- Examine new data elements for HIPAA compliance of 837 billing
- Recognize items that need to be updated on super bills



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Questions?

- E-mail your service POC:
 - At Army request, all AMEDD coders' names removed
 - Lazo, Cielito BUMED
[CVLazo@US.MED.NAVY.MIL]
 - Zoblosky Shirley AFMOA/SGZZ
[Shirley.Zoblosky@brooks.af.mil]
 - Garza Alicia AFMOA/SGZZ
[Alicia.Garza@brooks.af.mil]

- Or e-mail jeanne.yoder@pentagon.af.mil